

Engineering Division Injury Follow-up Process

Employee Responsibilities denoted in **red**. Supervisor responsibility denoted in **blue**

Responsibility of **employees with an occupational illness or injury**

- Must inform the **supervisor** of the injury or illness.
- Must report to Health Services before returning to work if the **employee** has lost one full day or more of work due to occupational illness or injury.
- Must notify Health Services of the injury or illness and treatment received if the **employee** has seen a private physician off site.

REPORT TO HEALTH SERVICES WHEN AN ILLNESS OR INJURY OCCURS.

NOTIFY AN LBNL HEALTH CARE PROFESSIONAL OF ANY SERIOUS ACCIDENT THAT OCCURS AT LBNL AT ANY TIME. [LBNL Pub 3000 - Chapter 3.22.9]

When an **employee** goes to LBNL Health Services as a result of a work incurred/related injury, the information about the incident leading to this **visit may be logged** into the Occupational Health Medicine (OHM) System.

After it is logged, **an email** (similar to the example below) **will be sent to the affected **employee**'s **supervisor**** of record (as determined from Human Resources Information System).

Subject: OHM Report- **Affected Employee**
Date: Day of Week, Date Month Year Time
From: CLWentworth@lbl.gov
Organization: Lawrence Berkeley National Laboratory
To: **Supervisor** <**Supervisor**@lbl.gov>
CC: Kam F Tung <KFTung@lbl.gov>, Weyland Wong <W_Wong@lbl.gov>, Connie E Grondona <CEGrondona@lbl.gov>

Dear **Supervisor**,

One of your employees **Affected Employee** was recently injured. Attached below is a report of this **first aid or recordable** injury from the Health Services database providing details.

1. Please print out the attached **Supervisor's** Accident Notification to refer to before completing the **Supervisor's** Accident Analysis Report online.
2. Go to this link to complete the report: <https://ehswprod.lbl.gov/saar>
3. Use your email user name and password to enter the system.
4. You may temporarily save your report by clicking on the "Save" button
5. Hit "Save" & "Release" after you have completed all entries on the report. The SAAR Coordinator will be notified automatically. To make further changes after release, please contact the SAAR Coordinator.

The attached **Supervisor's** Accident Notification and subsequent SAAR should be considered as Confidential.

Contact your Division EH&S Coordinator and/or your EH&S Liaison for assistance in investigating and reporting this incident. You can determine who they are by looking at the distribution of this e-mail. In order to meet DOE reporting deadlines, the Supervisor must complete this report within two days, ensuring that all the entries are completed.

Thank you for your assistance, LBNL Health Services.

OHM Report

OHMXXXXX.DOC

Using the WORD® document attached to the above email, the Division EH&S Coordinator,

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Weyland Wong, informs the Engineering Division Director and affected Department Head that one of our Engineering employees has been injured on the job.

Since the WORD® document is an official record about the **affected employee**, **the supervisor should share and review the OHMXXXXX.DOC with affected employee** such that they know it exists and assist in determining any errors that need to be communicated to Health Services.

Prior to completing and submitting the required online Supervisor's Accident Analysis Report (SAAR), the **supervisor** contacts the Division Safety Coordinator to verify who should be invited to a meeting to review and discuss the injury incident. **The supervisor then schedules a half-hour to hour meeting** near or at the accident site that includes the attendance of the **affected employee**, the **supervisor**, the department head, the division EH&S coordinator (Weyland) and the EH&S liaison (Kam Tung), [when the **affected employee** is in a matrix assignment to a non-Engineering Division, that division's safety coordinator should also be invited). To succeed in meeting the DOE reporting deadline, this meeting should occur within two (2) business days of the incident

LBNL Health Services may contact the **affected employee** or **supervisor** to photograph the accident scene and a reenactment of the incident.

The supervisor should log into the <https://ehswprod.lbl.gov/saar> site and print out the SAAR form, review it in preparation to bringing it to the scheduled meeting.

There are four narrative sections to the SAAR

- Describe how the incident happened?
- What were the causes of the incident?
- What could have prevented this accident/injury?
- What actions were/will be taken to prevent a reoccurrence?

At the meeting, a thorough understanding of time, condition and circumstances leading to, at the instance and following the incident should be gained by all. No blame is placed on any individual. Focus should be on the issues, concerns and facts. Insure that **the affected employee** is okay and that concrete plans and strategies are developed and implemented to prevent a recurrence of this type of accident/injury to anybody.

The supervisor collects the information from above and enters it to the electronic SAAR @ <https://ehswprod.lbl.gov/saar>

A recordable type injury generally requires more in depth investigation and documentation.

The Engineering Division has an Accident Review Board. **Affected employees** and their **supervisors** may be requested to share accident/injury cases to Engineering Division leadership.